

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 503634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			(1)			
2			(1)			
3			(1)			
4			(1)			
5			(1)			
6			(1)			
7			(1)			
8			(1)			
9			(1)			
10			(1)			
11			(1)			
12			(1)			
13			(1)			
14			(1)			
15			1			
16			1			
17			2			
18			(1)			
19			(1)			
20			(1)			
21			(1)			
22			(1)			
23			1			
24			(1)			
25			(1)			
26			(1)			
27			(1)			
28			(1)			
29			(1)			
30			(1)			
31			(1)			
32			1			
33			1			
34			1			
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48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			53			
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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81			1			
82			1			
83			1			
84			2			
85			1			
86			1			
87			1			
88			1			
89			1			
90			(1)			
91			(1)			
92			(1)			
93			(1)			
94			(1)			
95			(1)			
96			(1)			
97			(P)			
98			(1)			
99			(1)			
100			(1)			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY